

PERMIT NO:

APPLICATION DATE:

APPLICATION TYPE:

☐ INITIAL

☐ RENEWAL

POLICE DEPARTMENT – CITY OF READING, PA

ALARM BUSINESS PERMIT APPLICATION

ALARM BUSINESS NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

DAY PHONE:

()

NIGHT PHONE:

()

TYPE: ☐ Individual ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

Services (check all that apply): ☐ Sales ☐ Installation ☐ Service/Maintenance ☐ Leasing ☐ Response

OWNER'S NAME:

GENERAL MANAGER'S NAME:

SALES MANAGER'S NAME:

INSTALLATION / SERVICE MANAGER'S NAME:

OTHER PRINCIPALS OR MANAGEMENT PERSONNEL WITH TITLES:

Have you been in the alarm business for more than one year?

Have you installed more than twenty-five (25) alarm systems?

Do you have general liability insurance of not less than \$300,000 each occurrence?

As a condition of receiving and keeping the permit an alarm business agrees to:

1. Notify the Alarm Coordinator within fourteen (14) days, any substantial change affecting the status or validity of the permit.
2. Issue to all alarm agents connected with or in the employ of the business, identification cards as specified in the alarm ordinance.
3. Comply with Alarm Ordinance **Section 741.05 - Alarm Business Responsibilities**.

By signing this application I acknowledge that the information is correct and this information may only be used by the Reading Police Department.

This application must be accompanied by

- Insurance certificate confirming general liability insurance coverage in an amount of not less than \$300,000.00 each occurrence.
- \$50.00 Permit Fee.

Alarm Business Applicant's Authorized Signature _____

CRIME PREVENTION UNIT / READING POLICE DEPARTMENT / 815 WASHINGTON ST. / READING, PA 19601-3690 / 610-655-6346